

All about me.....Guidance notes

This document is for anyone who has specific needs or preferences they want someone to know about.

My name: Your full name but also the name you would prefer to use if this is different.

The person who knows me best: Who is most likely to know how you like things to be?

Home, family & things that are important to me:

This could be details of your family members, good friends, pets or other aspects about life at home that mean a lot to you. The area where you live – where do you feel most at home – prairie, mountains, sea, city, country?

I would like you to know:

Tell us about anything you think will help us get things right for you – likes and dislikes, routines important to you, things that help you to relax, or things that might upset you, e.g. I don't like a lot of noise. or things that worry you.

My life so far:

This may include your past or present employment, experience and skills you have, special places, interests, hobbies, important dates and events in your life.

Things you should know about my spiritual & cultural needs:

This may be about beliefs and practices important to you – religious or otherwise. Tell us about the sorts of things that make you feel happy and content, or perhaps places and events that have special meaning to you.

Food & drink:

Tell us about your likes and dislikes, where and how you like to eat, e.g. I like to eat at a table, drink black coffee or prefer small portions. Let us know us about any help you need, allergies or special diet – and if this relates to your preference, health or beliefs.

Sleep & rest:

Tell us about your usual routines, when you usually get up, go to bed, things that help you to rest and relax e.g. I sleep with the night light on; I like a hot drink before going to bed; I take a nap in the afternoon.

Taking medication:

Perhaps you prefer tablets, syrup, need help or take your medication in a specific way. Do you use any aids such as a dose box?

Personal preferences & self-care:

Tell us about your normal routine, any help you need and preferences e.g. I prefer a bath/shower in the morning or at night; like my clothes out in order; brush my teeth before I eat.

Getting about:

Tell us how you normally get around indoors and out; do you use any aids such as a walking frame or cane; do you manage distances, uneven surfaces stairs or need an inhaler?

Communication, hearing and vision:

Tell us what helps when communicating with you. Do you hear or see better on one side? Do you use a hearing aid or glasses? What are your glasses for? Are they just for reading; seeing things close up or at a distance? Do you have a known eye condition? If so, where should we position ourselves or items so that you can see best? Do you use a magnifier, Braille or sign, large print, or prefer things written down?

Personal possessions:

Are there items you always like to have with you or close at hand, a special item that gives you comfort e.g. a family photo.

Maintaining my independence:

Tell us how we can help you be as independent as possible – perhaps you can manage yourself if we prepare things in a certain way for you.

Friends and Family

Please help us to provide the best care possible – information that will help us get to know the person and how you would like to be involved